

Opening Statement

Oireachtas Committee on Disability Matters

Ms. Kate Duggan

Chief Executive Officer

Tusla – Child and Family Agency

15th November 2023

“Rights based care for children with disabilities”.

Chair, and members of the Committee, thank you for the invitation to appear before you today. I am joined by Pat Smyth, National Director for Finance and Corporate Services, and Clare Murphy, National Director of Services & Integration (Interim).

Tusla – Child and Family Agency is responsible for the provision of the statutory service for child protection and welfare services across the country. In our approach to service planning and delivery, we continually seek to promote the rights of children, to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

In 2022, we received 82,855 referrals to our services, an increase of 13% on 2021, which is expected to increase to up to 20% by year end. As well as an increase in the number of referrals, we have also noted an increase in the number of children and young people presenting with more complex needs, who also require access to other external specialist health and social care services, such as disability, mental health, and addiction services, to better meet their needs.

In responding to these children and young people, we liaise with other state agencies, particularly the Health Service Executive (HSE), recognising that it is our duty as state agencies to work together to provide the integrated services that a child, or young person needs, rather than an individual, their family, or carer having to navigate different agencies, or services, particularly at a vulnerable time in their lives.

In loco parentis to 5,565 children and young people in the care of the state, we know that delays in access to these specialist health and social care services, to diagnosis (particularly dual diagnosis) and to intervention continues, and we see the impact this can have on the individual's development, well-being, and life outcomes.

We recognise that in many instances this is a result of an inadequate supply of suitably qualified professionals, recruitment and retention challenges, financial resources, inconsistency in service delivery models, and siloed approaches to service design and delivery.

We also know that for children and young people who have experienced significant trauma in their lives, particularly because of harm, abuse, and significant neglect, who present with complex needs, that a joint approach of clinical diagnosis/intervention from the HSE, in conjunction with child protection and welfare expertise from Tusla, is required to better understand the needs of the individual, and the most appropriate intervention or response pathway.

To support this more integrated working between Tusla and the HSE, the first *'Joint Protocol for Interagency Collaboration between the HSE and Tusla to promote the best interests of families'* was agreed in 2017, underpinned by a Memorandum of Understanding (MOU) signed by both the Department of Health and the Department of Children and Youth Affairs.

This protocol established clear expectations of joint working by both agencies, at all levels, to promote best outcomes for children known to either, or, both agencies.

In 2020, this protocol was reviewed and strengthened, which has resulted in improved collaboration and integration of services for children and young people who require the intervention and support of both Tusla and the HSE.

However, challenges remain within, and across both agencies and further progress is required, including:

- Improved internal service integration.
- Clarity on the most appropriate response pathway for children and young people with dual (or more) presentations, such as an intellectual disability and mental health concerns, or mental health and addiction concerns.
- Clarity on the most appropriate response pathway for children and young people presenting with suicidal ideation and self-harming but who do not meet the threshold for CAMHS services.
- Inclusion of joint working in context of children and young people requiring access to Primary Care Services.
- The need for a more sustainable longer term integrated model of funding for both community services and care arrangements not dependent on resources.

- Prioritisation of children in state care (state in loco parentis) to all services provided by the state.
- Approach to supporting young people as they transition to adult services, whose needs are such that they cannot be met by a single agency or service.

Tusla is currently outlaying €38.6 million on accommodation costs for children and young people with disabilities. The clinical management of these cases is shared with the HSE through the joint protocol with an agreement to share costs. However, due to funding difficulties in the HSE, these costs fall mainly to be met by Tusla.

In instances where a specialist assessment or therapeutic service has not been available in the public service for a child or young person in the care of the state, or where there has been a significant delay in accessing a service, Tusla has commissioned same from the private sector. Our spend to date in 2023 is approx. €5.057m on psychological and therapeutic services.

In addition, our Family Support Services continue to coordinate a Tusla-led Early Intervention Practice Model '*Meitheal*', designed to ensure that the strengths and needs of children and their families are effectively identified, understood, and responded to in a timely way. It is an early intervention, multi-agency approach, tailored to the needs of the individual child or young person, which identifies the various service and agency responses required in a local area to meet the needs of children, young people, and families.

Over the last 18 months, the Agency has also commenced the development of internal therapeutic services in all six regions to enable a general preliminary assessment of children and young people coming into state care, to better inform care planning and to assess at an early stage if referral to a specialist external service, specifically disability or mental health services, is required.

As an Agency we are also concerned about a small but increasing number of families who, because of their inability to access appropriate services such as respite, residential disability addiction, or mental health services, are volunteering their children into the care of Tusla, in an effort to access such state services, as they feel that they have no other option available to them. We believe that the appropriate services or support should be available to these children to ensure that they can remain with their families.

In 2022, we requested the Office of the Ombudsman for Children to bring together key stakeholders to discuss how interagency collaboration can be improved at a strategic level at both Departmental and Agency level, to better respond to and plan for these children and

young people, which resulted in a positive interagency and interdepartmental engagement, and we look forward to being part of the next phase of this initiative.

I want to assure the Committee members that we are taking, and will continue to take, any action we can to improve services for the children and families we serve. We are deeply committed to upholding the rights of all children but sometimes we are dependent on external agencies to uphold some of these same rights. Our Reform Programme 2023-2025 is focused on ensuring that we can continue to provide better, more integrated, and timely services for the children and families we serve and will continue to build on the integrated approach to date and on improving systems for the future.